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CONFIRMATION NO. 4136

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | |
|---|---|-------------------------------|---|---------------------------|--------------------------------|
| 10/612,159 | 07/02/2003 RULE | 704 | 2612 | 03-123 | |
| APPLICANTS Raanan Liebermann, North Haven, CT; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 10/27/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /TIMOTHY EDWARDS JR/ Acknowledged <u>Examiner's signature</u> | <input type="checkbox"/> Met after Allowance <u>Initials</u> | STATE OR COUNTRY CT | SHEETS DRAWINGS 16 | TOTAL CLAIMS 40 | INDEPENDENT CLAIMS 2 |
| ADDRESS BACHMAN & LAPOINTE, P.C. 900 CHAPEL STREET SUITE 1201 NEW HAVEN, CT 06510 UNITED STATES | | | | | |
| TITLE Devices for use by deaf and/or blind people | | | | | |
| FILING FEE RECEIVED 555 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |